



MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT
(PARENTS: PLEASE READ CAREFULLY BEFORE SIGNING)

I hereby give my permission, as the parent/legal guardian of _____,
a minor, to participate in the Chicago Metropolitan Agency for Planning (CMAP) Future
Leaders in Planning (FLIP) Program from July 24 - 29, 2017.

In the event my child is injured and I cannot be reached to make emergency medical
arrangements or circumstances make it impracticable for me to be reached, I hereby authorize a
CMAP employee to contact emergency medical personnel.

I covenant and agree, that for in consideration of my child's participation in the above described
event, to indemnify and hold harmless CMAP, its employees, agents and production company
contractors, sponsors and volunteers assisting in this event, from any and all damages, claims or
liability of any kind, whatsoever, by reason on injury to property or third persons occasioned by
any error, omission or negligent act of my child.

I further do hereby expressly release, discharge and hold harmless CMAP, its employees, agents
and production company contractors, sponsors and volunteers assisting in these activities, from
any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to
my child or damage to property arising or resulting from my child's participation in these
events or transporting my child to and from such events.

DATED THIS THE _____ DAY OF _____ 2017.

Parent/Guardian _____
Name (print) Signature

2nd Parent/Guardian _____
Name (print) Signature

In addition, CMAP would like to document the work and sessions done by all students
participating in FLIP. I hereby give my permission to CMAP for the use and reproduction of
the video footage, photographs, or voice recordings of this participating student. I understand
that the use of the participant's image and voice will be primarily for the purposes of education
and/or promotion by CMAP. I hereby expressly waive any right that I may have to inspect or
approve the finished video product that may be used in connection herein.

I certify that I am the parent/ legal guardian of the child and have the authority to grant the rights identified in this release.

DATED THIS THE _____ DAY OF _____ 2017.

Parent/Guardian _____
Name (print) Signature

2nd Parent/Guardian _____
Name (print) Signature

Participant name _____
Name (print) Signature

Student Mailing Address _____

Phone _____ Email _____

Age (Please check one): Under 18 _____ 18 & over _____

Parent/Guardian Address _____

Phone _____ Email _____

CMAP will use the above as primary contact in case of emergency

2nd Parent/Guardian Address _____

Phone _____ Email _____

Emergency Information and Transportation Logistics

Any food allergies or dietary restrictions? (Circle one)

YES, explain _____ NO

Any physical limitations? (Circle one) YES NO

If yes, please explain how CMAP staff can best accommodate _____

- ☐ Please check here if you do NOT want your family's information (names, address, phone number and e-mail) to be published in the FLIP Parent-Student Directory.

How will your FLIP participant get to the majority of FLIP sessions?

____ CTA ____ Metra ____ N/A Driving to and from sessions

What line and station will you come in on (if known)?

At what station will you arrive downtown (if known)? _____

CMAA staff will assume that your FLIP participant will arrive to all sessions at the Willis (formerly Sears) Tower via the mode described above unless you contact one of us at least 24 hours beforehand.